

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number P-17.144	
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)			SMALL ENTITY OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))		14	minus 20 =	*	x \$ _____ =	OR x \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))		2	minus 3 =	*	x _____ =	OR x _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =	OR + _____ =
TOTAL						OR TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2						
CLAIMS AS AMENDED - PART II						
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE
	Total (37 CFR 1.16(c))	*	Minus	**	=	ADDI-TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	RATE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ADDI-TIONAL FEE
	TOTAL					OR TOTAL
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE
	Total (37 CFR 1.16(c))	*	Minus	**	=	ADDI-TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	RATE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ADDI-TIONAL FEE
	TOTAL					OR TOTAL
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE
	Total (37 CFR 1.16(c))	*	Minus	**	=	ADDI-TIONAL FEE
	Independent (37 CFR 1.16(b))	*	Minus	***	=	RATE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ADDI-TIONAL FEE
	TOTAL					OR TOTAL
(Column 1)		(Column 2)		(Column 3)		
TOTAL					OR TOTAL	ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
 Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

0-17. 144

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 = *	0
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	375

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.